

BEST AVAILABLE COPY

09/936930

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLPE CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 H _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		81		151	
2		82		152	
3		83		153	
4		84		154	
5		85		155	
6		86		156	
7		87		157	
8		88		158	
9		89		159	
10		90		160	
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48				198	
49				199	
50				200	

If more than 150 claims or 10 actions
staple additional sheet here

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